

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588839

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	Article 34		1 st AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		1				
7	1					
8		1				
9		2				
10	1					
11	1					
12	1					
13	1					
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TOTAL IND.	4	↓	0	↓	0	↓
TOTAL DEP.	23	←	0	←	0	←
TOTAL CLAIMS	27	████████	0	████████	0	████████

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	████████	0	████████	0	████████